

RULE 63 (37 C.F.R. 1.63)
INVENTORS DECLARATION FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ISOLATED HUMAN PHOSPHATASE PROTEINS, NUCLEIC ACID MOLECULES ENCODING HUMAN
PHOSPHATASE PROTEINS, AND USES THEREOF**

the specification of which (check applicable box(s)):

☐ is attached hereto

☒ was filed on April 2, 2001 as U.S. Application Serial No. 09/822, 871

☒ was filed as PCT International application No. US02/09992 on April 2, 2002

and (if applicable to U.S. or PCT application) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application:

Priority Foreign Application(s):

Application Number	Country	Day/Month/Year Filed
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I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

Application Number	Date/Month/Year Filed
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I hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insofar as the subject matter of each of the claims of this application is not disclosed in such prior applications in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior applications and the national or PCT international filing date of this application:

Prior U.S./PCT Application(s):


Application Serial No.

Day/Month/Year Filed


Status: patented

pending, abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And on behalf of the owner(s) hereof, I hereby appoint **CELERA GENOMICS, Attn: Wayne Montgomery, J.D., Vic President, Intellectual Property, 45 West Gude Drive C2-4#20, Rockville, Maryland 20850, telephone number (240) 453-3067 (Customer No. 25748, and to whom all communications are to be directed)**, and the following attorneys thereof (of the same address) individually and collectively owner's/owners' attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent: Wayne Montgomery, J.D. (Reg. No. 35,016), Rekha Bansal (Reg. No. 36,440), Lin Sun-Hoffman (Reg. No. 47,983), and Justin D. Karjala (Reg. No. 43,704). I also authorize CELERA GENOMICS to delete any attorney names/numbers no longer with the company and to act and rely solely on instructions directly communicated from the person, assignee, attorney, firm, or other organization sending instructions to CELERA GENOMICS on behalf of the owner(s).

1. Signature:  Date: 11/13/2022
Residence Address: ***** Citizenship: US
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
2. Signature: _____ Date: _____
Residence Address: ***** Citizenship: DE
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
3. Signature: _____ Date: _____
Residence Address: ***** Citizenship: IT
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
4. Signature: _____ Date: _____
Residence Address: ***** Citizenship: USA
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
5. Signature: _____ Date: _____
Residence Address: _____ Citizenship: _____
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
6. Signature: _____ Date: _____
Residence Address: _____ Citizenship: _____
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
7. Signature: _____ Date: _____
Residence Address: _____ Citizenship: _____
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
8. Signature: _____ Date: _____
Residence Address: _____ Citizenship: _____
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850

1. Signature:	<u>Ellen M. BEASLEY</u>	Date: _____
Residence Address:	<u>*****</u>	Citizenship: <u>US</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
2. Signature:	<u>Marion Webster</u>	Date: <u>11/13/02</u>
Residence Address:	<u>*****</u>	Citizenship: <u>DE</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
3. Signature:	<u>Valentina Di Francesco</u>	Date: _____
Residence Address:	<u>*****</u>	Citizenship: <u>IT</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
4. Signature:	<u>Ming-Hui WEI</u>	Date: _____
Residence Address:	<u>*****</u>	Citizenship: <u>USA</u>
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
5. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
6. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
7. Signature:	_____	Date: _____
Residence Address:	_____	Citizenship: _____
Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	
8. Signature:	_____	Date: _____
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Post Office Address:	<u>c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850</u>	

1. Signature: _____
Date: _____
Citizenship: US
Residence Address: *****
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
2. Signature: _____
Date: _____
Citizenship: DE
Residence Address: *****
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
3. Signature: 
Date: 11/15/02
Citizenship: IT
Residence Address: *****
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
4. Signature: _____
Date: _____
Citizenship: USA
Residence Address: *****
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
5. Signature: _____
Date: _____
Citizenship: _____
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7. Signature: _____
Date: _____
Citizenship: _____
Residence Address: _____
Post Office Address: c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850
8. Signature: _____
Date: _____
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1. Signature:	_____	Date: _____
	Ellen M. BEASLEY	Citizenship: US
Residence Address: *****		
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
2. Signature:	_____	Date: _____
	Marion WEBSTER	Citizenship: DE
Residence Address: *****		
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
3. Signature:	_____	Date: _____
	Valentina Di Francesco	Citizenship: IT
Residence Address: *****		
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
4. Signature:	_____ <i>M. L. Wei</i>	Date: 11/13/02
	Ming-Hui WEI	Citizenship: USA
Residence Address: *****		
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
5. Signature:	_____	Date: _____
		Citizenship: _____
Residence Address: *****		
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
6. Signature:	_____	Date: _____
		Citizenship: _____
Residence Address: *****		
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
7. Signature:	_____	Date: _____
		Citizenship: _____
Residence Address: *****		
Post Office Address:	c/o Celera Genomics, 45 West Gude Drive, Rockville, MD 20850	
8. Signature:	_____	Date: _____
		Citizenship: _____
Residence Address: *****		
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